APPENDIX 1

CALPIA HEALTH FACILITIES MAINTENANCE PROGRAM

The California Prison Authority (CALPIA) Health Care Facilities Maintenance (HFM) program was implemented under the guidance of Corrections Services in fiscal year 2013/2014 and has successfully activated a program at 27 out of the 35 contracted prisons. The collaborative efforts thus far clearly underscore the momentum and success of the HFM program. This has been echoed by several other independent audits, to include; The California Department of Public Health, Office of the Inspector General, American Correctional Association, and the internal audits of both the Office of the Receiver and CALPIA. We are definitely on track and after years of struggle we are now seeing a paradigm shift in our ability to provide sound infection control and sanitation in the working and treatment environments for both staff and inmate-patient cliental.

For decades the CDCR has been unable to successfully clean and sanitize its medical facilities. This shortfall was the result of the lack of resources, training, policies and procedures and the application of a recognized standard of measurement and auditing for the cleaning and sanitizing of its facilities. This shortfall ultimately exacerbated litigation and impending lawsuits expanding their scope and the CDCR liabilities. This also resulted in the CDCR failure to provide a reasonable acceptable standard of care and delivery of medical services due to the poor conditions of its direct and indirect patient care areas. As the Receiver, my goal was to remedy this by identifying a viable means and resource that would be able to successfully implement and sustain a level of cleanliness that would meet a community standard of care. We recognized that the current resources to include inmate vocational programs, inmate work incentive programs and contracted services through private vendor were unable to successfully meet this need.

This led us to seek out and entertain other options that showed promise and could deliver on a challenge of this magnitude. The CALPIA was deemed and thought to be an excellent entity to collaborate with in the achievement of goals. CALPIA successful pilot of its Custodian/Janitorial program at the California Medical Facility provided the credibility and springboard for the inception of the Health Care Facilities Maintenance Program. This led us into our current contract and partnership for achieving our goal and ultimately the provision of a community standard of cleanliness and sanitization at our medical facilities throughout the state.

Since our collaboration began, we have seen continued improvement and refinement of the HFM program. This includes the delivery of its contractual obligations, standards and delivery of services.

Some examples include the following:

POLICY & PROCEDURES

For the first time in the CDCR history policy and procedures have been developed and implemented that provide a validated and credible standard for the cleaning and sanitization of its facilities. These policies were developed by CALPIA using the existing Correctional Treatment

Center policies which are vetted through the Department of Public Health. CALPIA took these procedures and applied the recognized International Sanitary Supply Standard (ISSA), which is a worldwide organization recognized in the cleaning industry. In a collaborative effort we have partnered with CALPIA and overlaid the policies and procedures from the community hospital of San Joaquin General Hospital and also vetted them through CCHCS Policy Division and currently the statewide Infection Control Committee. This effort has provided a never before seen standard and procedures for medical facilities within a prison environment. These standards are now posted on our *Lifeline* intranet site.

• SUCCESSFUL IMPLEMENTATION

The HFM program has been successfully implemented at 27 correctional facilities. The implementation is being monitored by PIA management as well as CCHCS staff. In addition, CCHCS hired a project manager – retired Warden Gary Swarthout - who brings extensive health care licensing and project management skills to this assignment. Also, CALPIA publishes a weekly dashboard report that reflects the number of inmates assigned at each institution, the number of outstanding work orders and the number of occasions where the HFM participants may have been prevented from cleaning their assigned areas. This dashboard is distributed each Friday to both Chief Executive Officers and to Wardens to keep them informed and provide program transparency. As of last week, there were 600 inmate-participating in the program at 27 institutions. The program is operating at 85.6 %, which is outstanding considering the impacts of initiatives like Realignment and Proposition 47. The remaining eight institutions under contract will implement the program between July and December, 2015.

PARADIGM SHIFT

The culture and awareness of staff of all classifications has demonstrated a noted paradigm shift it their understanding of the goal to achieve a community hospital level and standard of cleanliness and sanitization that is consistent at all facilities. Through informal surveys at institutions where the HFM program has been implemented, we consistently hear the testimonies of staff that indicate the significant change in the cleanliness of their areas and provide numerous examples that are both quantifiable and in some cases shocking. One staff member from CIW stated that in her 9 hear career at CIW, "the clinics have never been this clean". At RJD, physicians commented that, "this is just like working downtown", comparing the cleanliness to outside community hospitals they have worked in. The program will likely improve how our staff feel about their work environment that their work environment now "looks like a health care environment".

• RECIDIVISM REDUCTION BENEFITS

Review of inmate custodians work performance and attainment of CALPIA goals is evident and measurable in the ongoing formal Certification Process using the Technical Publishing Company (TPC) and the inmates obtainment of their GED's while in the program. During our reviews we have cataloged and noted the high level and quality of training inmates are receiving. This is measurable in both knowledge and demonstration of proficiency of tasks audited. It is also validated by the improved conditions of the facilities and available training and certification records which to date represent over 400 TPC certifications and countless hours of recorded training. The end results ultimately provides the added value of reduced recidivism and their employability, making this a favorable experience for the tax payer, community and families and individuals either directly or indirectly related to the offender.

FISCAL CONSIDERATIONS

Funding for this solution has been approved by Department of Finance and the Legislature. Although the price appears extensive; the program utilizes state employees and meets Government Code obligations to use state staff before contracted staff. In addition, the program certifies inmates providing a rehabilitative benefit and a skill for employment upon release. The cost of the program is consistent with other health care entities to achieve a level of cleanliness appropriate for a health care environment. The cost avoidance of reduced recidivism and reduced spread of infectious diseases within the system will benefit the state in the future as well.

The CALPIA HFM program is what we call a "forever program" – meaning that the program will always be necessary. Unlike other market—driven business enterprises, this program provides the level of cleanliness and sanitation the Department of Corrections and Rehabilitation has never been able to obtain. CALPIA is fulfilling a void that will be required for all institutions as they are successfully delegated back to the CDCR. At a cost of about \$812,000 per institution, (\$27.6 million annually), I would believe the program will also be beneficial for CALPIA and the inmate participants being certified under the program.

• **CLEANLINESS & SANITIZATION**

The noted improvement of the facilities in both sanitization and cleanliness. The improved conditions are documented and validated in audits completed by Mr. Swarthout, our project manager. The following excerpt is from our most recent audit report (currently being edited) and this provides an excellent example of the transformational changes occurring in our correctional facilities:

During the audit at CVSP we visited a staff bathroom area that was outside of the HFM contract area. The below photos depict the condition of the bathroom with regard to cleanliness and sanitization and provides an excellent contrast to areas currently being cleaned by HFM at CVSP. Our previous audits have cataloged numerous examples throughout the state that demonstrate a systemic condition with similar challenges to

include lack of training, standardized policies, Plant Operations resources etc. The below photos and conditions are not uncommon the facilities throughout the state. In this particular situation we shared the comparison photo with the appointing authority that took an immediate proactive role and networked with the local CALPIA HFM supervisor and administrator and arranged for HFM to provide training to the institutional porters. This training has already begun and represents a true collaboration and pursuit of common goals.

BEFORE & AFTER COMPARISON PHOTOS

Plumbing fixtures under sink were covered in dust and debris

Before:





After:







These photos depict the vent being covered in dust and debris

Before:



After:



These photos depict lighting that contained multiple dead insect carcasses, dirt, dust and debris

Before:



After:



These photos depict the bathroom and toilet plumbing and fixtures covered in calcium deposits and the presence of urine, mold and mildew. Also noted was the complete separation of the fixtures from the adjoining wall, lacking the appropriate seal and providing an environment that is conducive to the replication of germs, micro-organisms which ultimately create a health and safety issue and spread of disease.

Before:







These photos depict the poor floor condition to include the presence of insects, dust and debris throughout the area. Also noted was condition and color of the floor grout. This grout was originally white and due to decades of neglect is currently portrayed as black in color.





After:



The photos catalog the same areas e.g., floors, lights, vents, plumbing, caulking, plumbing and bathroom fixtures etc., and provide an excellent example of the added value of proper cleaning and sanitizing.









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HEALTHCARE FACILITIES MAINTENANCE ROLLOUT SCHEDULE Dates are Subject to Change with Partnership Agreement

ROLLOUT DATES AND LOCATIONS

January 15, 2014

Richard J. Donovan Correctional Facility (RJD)

February 3, 2014

• California Correctional Institution (CCI)

March 3, 2014

Folsom State Prison (FSP); Calipatria State Prison (CAL)

April 1, 2014

Deuel Vocational Institution (DVI); Sierra Conservation Center (SCC)

May 1, 2014

Pleasant Valley State Prison (PVSP); Avenal State Prison (ASP)

June 2, 2014

Correctional Training Facility (CTF); Chuckawalla Valley State Prison (CVSP)

July 1, 2014

California Rehabilitation Center (CRC); California State Prison, Los Angeles County (LAC);
 California Medical Facility (CMF)

August 1, 2014

California Men's Colony (CMC); High Desert State Prison (HDSP)

September 2, 2014

California State Prison, Corcoran (COR); Valley State Prison (VSP)

October 1, 2014

California State Prison, Sacramento (SAC); Pelican Bay State Prison (PBSP)

November 3, 2014

Kern Valley State Prison (KVSP); North Kern State Prison (NKSP);

December 1, 2014

 Central California Women's Facility (CCWF); Wasco State Prison (WSP); California Institution For Women (CIW)

January 2, 2015

 Ironwood State Prison (ISP); Centinela State Prison (CEN); California Correctional Center (CCC)

February 2, 2015

Folsom Women's Facility (FWF)

August 1, 2015

California Institution For Men (CIM); Salinas Valley State Prison (SVSP)

September 1, 2015

 California State Prison, San Quentin (SQ); Substance Abuse Treatment Facility & State Prison at Corcoran (CSATF)

October 1, 2015

• California City Correctional Facility (CAC); California State Prison, Solano County (SOL)

November 1, 2015

Mule Creek State Prison (MCSP); California Health Care Facility (CHCF)

Revised: 1/5/2015



CALPIA HFM WEEKLY EXTERNAL DASHBOARD

Week of: 6/1/15 to 6/7/15	# of Offenders		Rooms Denied Access			# of Outstanding Work Request(s)	
	Positions	Assigned	Administrative / Office	Patient / Clinical	Offender Refusals	30 Days & Less	Over 30 Days
RJD	23	19	0	0	0	0	23
CCI	21	17	0	6	0	17	62
FSP	36	30	0	0	0	0	33
CAL	26	22	0	0	0	0	28
DVI	17	17	0	0	0	0	6
SCC	14	12	0	0	0	0	24
PVSP	20	17	0	0	0	10	32
ASP	32	26	0	0	0	37	67
CTF	20	20	0	0	0	0	65
CVSP	19	19	0	0	0	49	5
CRC	19	12	0	1	0	3	220
LAC	28	27	0	0	3	1	38
CMF	46	33	22	0	32	26	229
HDSP	21	13	0	0	1	0	127
CMC	38	37	1	0	75	0	97
VSP	21	21	0	7	1	5	35
COR	46	38	0	0	71	5	84
SAC	29	27	0	1	28	9	144
PBSP	26	24	0	3	7	0	120
KVSP	22	21	0	0	0	56	45
NKSP	19	17	0	0	0	27	44
CCWF	28	21	2	1	0	12	41
WSP	17	17	0	0	0	5	55
CIW	38	38	0	0	38	69	65
CCC	21	11	0	0	0	1	141
ISP	25	24	0	0	0	4	53
CEN	21	20	0	0	0	0	0